


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 007 ***150.00

DOCUMENT # 837067 1. Entity Name GOLDEN RULE INSURANCE COMPANY			
Principal Place of Business 712 11TH ST LAWRENCEVILLE, IL 62439		Mailing Address 712 11TH ST LAWRENCEVILLE, IL 62439	
2. Principal Place of Business - No P.O. Box # 7440 WOODLAND DR		3. Mailing Address 7440 WOODLAND DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INDIANAPOLIS, IN		City & State INDIANAPOLIS, IN	
Zip 46278	Country	Zip 46278	Country
4. FEI Number 37-6028756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RUPPEL, RICHARD J. BOX 493 LAWRENCEVILLE, IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLACK, STEVEN L 14491 QUAIL POINTE CARMEL, IN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV CARR, PATRICK F. 9088 NAUTICAL WATCH DR INDIANAPOLIS, IN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUCRE, JILLIAN R 314 GREENFIELD AVE GLEN ELLYN, IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICHMANN, DAVID 5901 LINCOLN DR EDINA, MN 55436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Patrick F. Carr</i>		Date 4/2/07	Daytime Phone # 317-7157617

ATTACHMENT

GOLDEN RULE INSURANCE COMPANY

NAIC # 62286

40048820

Title D
Name RICHARD A. COLLINS
Street Address 8401 BAY COLONT DRIVE
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name KARA D. LANE
Street Address 360 PATOKA PLACE
City-St-Zip CARMEL, IN

Title D
Name ROBERT J. SHEEHY
Street Address 5805 MAIT LANE
City-St-Zip EDINA, MINESOTA

Title V
Name TIMOTHY A LUKER
Street Address 3115 S GOTHIC CIRCLE
City-St-Zip GREEN BAY, WI

Title D
Name JULIE ANN VANSTRATEN
Street Address 702 Trempeleau
City-St-Zip DEPERE, WI

Title V
Name DARRELL S. RICHEY
Street Address 7959 CLEARWATER PKWY
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name MICHAEL L. CORNE
Street Address 4763 ABBOTTS PLACE
City-St-Zip CARMEL, INDIANA

Title V
Name ANITA W. SCHRADER
Street Address 1341 LAUREL OAK DRIVE
City-St-Zip AVON, INDIANA

Title V
Name SUSAN A. FOWLER
Street Address 4396 CREEKSIDE PASS
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name JANET S. SELF
Street Address 3202 BABSON CT
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name JAMES HENNE BECKER
Street Address 7603 WEST STONEGATE DRIVE
City-St-Zip ZIONSVILLE, IN

Title V
Name MICHAEL P STAMM
Street Address 244 MANCHESTER
City-St-Zip ZIONSVILLE, IN

Title V
Name FRANK B. FULTS
Street Address 5755 PRELUDE LANE
City-St-Zip CARMEL, IN

Title V
Name MARILYN J WAGNER
Street Address 1530 PORTER AVE
City-St-Zip LAWRENCEVILLE, ILLINOIS

Title V
Name JAMES M. GABRIEL
Street Address 13410 KINGSBURY DRIVE
City-St-Zip CARMEL, IN